

**MULTIPLE DEPENDENT  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM P. 15)

APPLICANT(S)

883 043

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	7					
TOTAL CLAIMS	9					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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